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021398 7590 05/03/2005

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Melinda Salin (Depositor's name)
 Melinda Salin (Signature)
 7/28/05 (Date)

07/29/2005 TBESHAH2 00000014 500477 09933783

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/939,783	08/28/2001	Zhengchen Yu	033337-0117	2837

TITLE OF INVENTION: METHODS OF SIGNAL SUBSTITUTION FOR MAINTENANCE OF AMPLIFIER SATURATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$200 1400	\$300	\$1000 1700	08/03/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, DZUNG D	2633	398-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Dorsal Networks, Inc.

Columbia, MD

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Michael C. Antone
 Typed or printed name

Date

7/28/05

Registration No.

39,094

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Corvis Corporation
7015 Albert Einstein Drive
P.O. Box 9400
Columbia, MD 21046-9400
T 443.259.4000
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To:	Commissioner for Patents	From:	Michael C. Antone
Organization:	U.S. Patent and Trademark Office	Date:	July 28, 2005
Fax:	703-746-4000	Fax:	443-259-4278
Phone:		Phone:	443-259-4150
Pages:	4 (including cover page)		
Re:	U.S. Application Serial Number 09/939,783		

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Date of Transmission July 28, 2005

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1. Transmittal Form; and
2. Fee Transmittal (x2).

Signature: Melinda Salin

Typed or printed name: Melinda Salin

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/939,783
		Filing Date	August 28, 2001
		First Named Inventor	Zhengchen Yu
		Art Unit	2633
		Examiner Name	Dzung D. Tran
Total Number of Pages In This Submission	3	Attorney Docket Number	033337-0117

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> (Issue) Fee Transmittal Form x2 <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name		
Signature		
Printed name	Michael C. Antone	
Date	July 28, 2005	Reg. No. 39,094

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Signature		
Typed or printed name	Melinda Salin	Date July 28, 2005

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